

c/o The Select Group, Inc., 2224 Virginia Beach Blvd., Suite 201, Virginia Beach, Virginia 23454 (757) 486-6000 fax: (757) 486-6988 email: <u>tabrahamson@theselectgroup.us</u> website: <u>www.theselectgroup.us</u>

RESIDENT INFORMATION FORM

Owner Name:			
Address:			
Alternate Mailing Address (if a	pplicable):		
City:		State:	Zip:
If using an alternate address, is	this still a residence	that you reside in eith	er full or part time?
If not, then who is residing in u	nit?		
Is this person a relative?	a relative? If so, what relation are they to you?		
Phone: (h)	(w)		_(c)
Email Address:			
Emergency Contact:	Relationship:		
Phone: (h)	(w)		.(c)
		nformation asing your unit)	
Tenant Name:			
Phone: (h)	(w)		<u>(c)</u>
Email Address:			
Lease Dates (From and To): (If you haven't already done If you retain the services of a le	e so, please be sure t	o forward a copy of t	he lease to The Select Group.)
address of the agent:			
*The information on this	form is for office u	se only and will be h	eld in strictest confidence.

Return completed form to the address or fax number above or email to: <u>mromero@theselectgroup.us</u>